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Bib Data Sheet

CONFIRMATION NO. 2020

SERIAL NUMBER 10/801,230	FILING DATE 03/16/2004  RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. P-11749.00
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

None JP

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None JP

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/01/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 12	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials JP			

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## TITLE

Intra-luminal device for gastrointestinal electrical stimulation

FILING FEE  RECEIVED 1418	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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